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PTO/BB/88 (09-04)

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**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: Andrew David Morley

Application No.: 10/506,592 Filed: September 3, 2004

Entitled: INDOLE-AMIDE DERIVATIVES AND THEIR USE AS GLYCOGEN  
PHOSPHORAYLASE INHIBITORS

AstraZeneca AB, a Corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

In the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 016412, Frame 0080, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.  
(NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Tracey Bryant  
Signature

13 JANUARY 2006  
Date

Tracey Bryant  
Printed or Typed Name

\_\_\_\_\_  
Telephone Number

Authorized Signer for Assignee  
Title: Patent Director, Oncology & Infection

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PTO/SB/62 (08-04)

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/506,592
	Filing Date	September 3, 2004
	First Named Inventor	Andrew David Morely
	Art Unit	1626
	Examiner Name	Nolan, Jason Michael
	Attorney Docket Number	100659-1P US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

OR

☐ Firm or Individual Name

Address

City

Country

State

Zip

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of  to me are submitted.

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